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Case Report

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Lymphoma Case, Presented with Dysphagia Abstract

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Presenting a case of Large B-cell lymphoma, diagnosed in A 36-year-old female who presented with dysphagia and loss of weight along with anterior neck swelling for 4 months. Radiological evaluation revealed a soft... tissue swelling at prevertebral region extending to involve cervical region, along with mediastinal widening while CT neck and chest revealed Numerous enlarged cervical lymph nodes more apparent on the anterior triangles, a mediastinal soft tissue mass with evidence of extensive mediastinal lymphadenopathies. Biopsy of mediastinal mass done.

Histopathological Examination revealed Diffuse large B-cell lymphoma, GCB subtype. The patient underwent chemotherapy. Follow-up at 12 months revealed complete response.

Keywords: large B-cell lymphoma, dysphagia

Clinical manifestations

- A 36-year-old woman
- Non-smoker
- no known medical illness
- Presented with anterior neck swelling for 4 months
- Associated with dysphagia and loss of weight (about 7 kg in one month)
- No fever, no night sweat.

Clinical examination

shows swelling over the anterior neck which is soft and not tender on palpation. No other remarkable findings.

Lab investigations:
Hb=12.3, TWBC=4.2, Plt 380, ESR normal, elevated CRP

Radiological investigations:

X ray neck lateral view, soft tissue

Findings:

- Soft tissue swelling at prevertebral region extending to involve cervical region.
- No air pockets within. No radiopaque foci to suggest foreign body.
- Bones are otherwise normal in appearance.

Chest radiograph (CXR)
Findings:

- There is mediastinal widening
- No calcification or air pockets within it
- No obliteration of overlying hilum
- No extension to supraclavicular region
- No significant mass effect or displacement of trachea
- No crowding of ribs.

CT neck with contrast findings:

- Elongated thickened retropharyngeal is observed extending from the level of C1 until C5 vertebra.
- Numerous shotty nodes are seen throughout both triangles on both sides of the neck, more apparent on the anterior triangles.
- It measures at about 1.0 x 2.5 x 8.1cm.
- It is hypodense (CT HU:15-25) with no significant enhancement.
- No calcification seen or air pockets within.

CT scan chest with contrast findings:

- There is anterior mediastinal soft tissue mass with evidence of extensive mediastinal lymphadenopathies.
- Extensive cervical nodes are also observed. Given the presence of extensive lymphadenopathies

Progress of patient:

- Nasal examination shows inferior turbinate hypertrophied with pale nasal mucosa, symmetrical appearance of fossa of Rossenmuller in nasal endoscopy.
- Flexible Nasopharyngolaryngoscope (FNPLS) shows posterior pharyngeal wall bulging at oropharyngeal and nasopharyngeal level, no mass, no ulceration. Pyriform fossa is clear. Epiglottis, arytenoids, Vocal cords are symmetrical with normal appearance and movements.

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Biopsy of mediastinal mass done by a chest surgeon using video assisted thoracoscopy VAT

Histopathological Examination (HPE) findings:

- Macroscopy: specimen labelled as biopsy of mediastinal mass
- Microscopy: section shows strips of fibro-collagenous tissue diffusely infiltrated by sheets of malignant lymphoid cells. The malignant cells display moderate to marked pleomorphism, hyperchromatic to vesicular nuclei with prominent nucleoli. In areas multinucleated tumor giant cells are noted. Mitoses are easily seen. Necrosis is present.
- Immunohistochemistry, the malignant cells are positive for CD20, CD10 and negatives for CKAE1/AE3, CD3 with Ki 67 proliferative index of 80%.
- Interpretation: Diffuse large B-cell lymphoma, GCB subtype.

Diagnosis: Large B-cell lymphoma

The patient underwent chemotherapy with R-CHOP (rituximab, cyclophosphamide, doxorubicin, vincristine and prednisolone), followed by R-EPOCH (rituximab, etoposide, prednisone, vincristine, cyclophosphamide and doxorubicin hydrochloride).
Follow-up at 12 months revealed complete response.

Discussion

- Lymphoma is a malignancy arising from lymphocytes or lymphoblasts.
- Two main types of lymphomas are Hodgkin lymphoma and non-Hodgkin lymphomas.
- Lymphoma accounts for about 4 % of all cancers.
- Lymphoma can present as nodal or extra nodal disease. It can also present with fever, night sweat and weight loss.
- CT scan is the main imaging modality in lymphoma and widely used in staging.
- Lymphoma cure rates are high.
- Prognosis depends on histological type, grade and stage of the disease.

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